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ABSTRACT

This study examined the relationship between child caregiver commitment and the caregiver's personal characteristics and work experience, the characteristics of the job, and the quality of the child care center. Questionnaires that included several measurement instruments were sent to 381 full-time child caregivers in 94 centers. Caregiver commitment was measured by means of the Organizational Commitment Questionnaire; job satisfaction was measured by the Job Descriptive Index; and job characteristics were measured by the Job Diagnostic Survey. Center quality was assessed by an analysis of four factors: staff-child ratio; amount of caregiver training; group size; and staff turnover. Results indicated that the most powerful predictor of caregiver commitment was the caregiver's job satisfaction. A relationship to commitment was also found for the caregiver's perception of job characteristics, the caregiver's age, and the caregiver's education. A relationship to commitment was not found for center quality, caregiver wages, and caregiver tenure. A 44-item bibliography is included. (BC)

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Predictors of Child Caregiver Commitment

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ABSTRACT: This study examines the issue of child caregiver commitment by investigating the relationship between commitment and the independent variables of personal characteristics, job characteristics, work experience and quality of child care center. Findings from the regression analysis indicated that 53.13% of the variance in commitment can be accounted for by the following four variables: satisfaction with the job, positive job perceptions, and worker age and educational level.

Child caregiver turnover and retention are serious concerns to those who support the child's need for continuous and stable care. Staff stability and consistency are necessary in order for well-planned, responsive programs to run smoothly (Leonard, Margolis and Keating, 1981). Length of employment is critical to the child care environment since worker retention affects continuity of care which, in turn, affects the quality of care (Clarke-Stewart, 1977). It has been suggested that increased turnover results in a move from providing milieu- and relationship-based care to one of supplying custodial care (Rosenfeld, 1979). Further, high turnover results in high costs to the employing agency, basically due to the need to train new employees (Hunter, 1962; Maimon and Ronen, 1978). When competent child care worker employment is extended, efforts can be devoted toward professionalism rather than toward training new workers. In theory, maintaining quality personnel over time should lead to improved child care (McClelland, 1986).

Continuous caregiving arrangements also have a direct influence on the child. Consistent caregivers are better able to offer sensitive and knowledgeable care; as a result, the child is better able to predict the caregiver's responsiveness (Anderson, 1980; Fein and Clarke-Stewart, 1973; Honig, 1974). Empirical evidence suggests that children display a preference for caregivers who have established a more continuous relationship in comparison to caregivers who are less consistently available (Cummings, 1980). Other evidence links unstable and changing patterns of child care to an increase in fearfulness among males (Rutter, 1982). In light of such findings, it has been suggested that negative effects of child care may not appear as long as the care arrangements remain stable and are of (at least) average quality (Belsky, 1984).

Despite the documented need for continuity in caregiving arrangements, between 1980 and 1990, approximately 42% of all child caregivers in educational and service positions and 59% of all caregivers in private household settings needed to be replaced each year (Phillips and Whitebook, 1986). The retention of qualified caregivers is a serious issue. As Granger states, "... no amount of teacher education, inservice training, enlightened supervision, or any other improvement effort will have much effect until we can attract and retain qualified teachers." (Granger, 1989, p. 130).

Reasons for high rates of turnover

Low wages is a commonly reported reason for the high rates of caregiver instability and turnover. Indeed, child care and Head Start workers unaffiliated with public schools average $11,000-$12,000 annually while the average public school kindergarten teacher's annual salary is $28,000 (Granger, 1989). Robinson's (1979) investigation of child caregiver turnover found poor salary to be the most frequently given reason for leaving child care jobs among male caregivers and the second most frequently cited reason of female caregivers. However, while the salaries of early childhood educators are low, and while these valued employees deserve more remuneration than they currently receive, simply increasing wages may not necessarily result in increased commitment and longevity. The issue of determining the antecedents of commitment to employment is a complex task and understanding the issue requires a multidimensional approach.

Commitment to work employment

Early researchers investigating employee turnover focused almost exclusively on satisfaction and dissatisfaction variables as predictors of propensity to leave and actual turnover behavior. Recently, it has been determined that job commitment more accurately relates to both the likelihood of leaving and the actual leaving behavior among employees from various segments of the workforce (Farrell and Rusbult, 1981; Hrebiniak and Alutto, 1972; Porter, Steers, Mowday and Boulian, 1974). As such, commitment has been accepted as the most important construct differentiating those who remain in from those who vacate their positions (Porter, et al., 1974).

Commitment has been conceptualized in many ways including as a joining of belief and attitude to previous behaviors (Salancik, 1977); an attachment and identification with an organization (Buchanan, 1974; Mowday, Steers and Porter, 1979; Porter, et al., 1974); a dependency relationship in which one's internal being is maintained through behavior that upholds the social order (Kanter, 1968); and a measurement of the costs and rewards one has at stake (Becker, 1960; Hrebiniak and Alutto, 1972).

In an attempt to create a more simple framework for conceptualizing commitment, some have elected to classify the definitions and operationalizations of commitment into two basic and seemingly divergent

schools of thought (Scholl, 1981; Morris and Sherman, 1981, Williams and Hazer, 1986). The first includes the "side-bets" or exchange theory credited to Becker (1960). According to this theory, commitment is a function of costs and rewards associated with membership in the organization. Rewards and costs, and thus commitment, increase as tenure in the organization increases. In other words, the more one accrues while in an organization, the more one risks losing by leaving the organization. One criticism of this theory is that only propensity to leave and not other ongoing behavioral predispositions occurring and/or surfacing within the employment relationship is tapped (Morris and Sherman, 1981).

The second school of thought regarding commitment involves a psychological approach focusing on the employee's identification with and extended efforts toward the goals and values of the organization. This definition of organizational commitment is a multi-dimensional one, maintaining that commitment is comprised of employee belief in and acceptance of the goals and values of the organization, employee willingness to produce efforts toward attaining the organization's goals, and employee desire to continue within the organization. This definition of commitment, in comparison to the exchange defintion, reflects commitment as a more positive and active orientation toward the organization (Morris and Sherman, 1981). Further, the approach goes beyond the propensity to leave paradigm fundamental to the exchange theory.

Based on Porter's psychological conception of commitment (Porter, et al., 1974), Scholl (1981) proposes that there are three global antecedents of commitment. These antecedents include positive work experiences that foster satisfaction, specific personal characteristics, and characteristics of the job. Others concur that these or similar categories may prove helpful in identifying factors that influence organizational commitment (Morris and Sherman, 1981) and recent research efforts provide additional support. For example, support for the relationship between commitment and job satisfaction has been documented among a wide variety of workforce populations, including National Guard members (Miller, Katerberg and Hulin, 1979), caregivers (Berk, 1985) and nonmanagerial, entry-level employees in various public sector agencies (Koch and Steers, 1978). The link between the worker's perception of various job characteristics and commitment to employment also has been documented by several investigators; for

example, perceptions of autonomy (Koch and Steers, 1978) feedback and challenge (Steers, 1977) as well as perceptions of general job characteristics (Williams and Hazer, 1986) appear to relate positively to worker commitment. Finally, several investigators have documented the relationship between worker commitment and personal characteristics such as age (Koch and Steers, 1978; Miller, et al., 1979); education (Berk, 1985; Koch and Steers, 1978); salary (Fleischer, 1985; Robinson, 1979); and tenure in the position (Hrebiniak and Alutto, 1972; Mowday, et al., 1979)

Whereas the antecedents of commitment (i.e., positive work experiences, personal characteristics and job characteristics) have been identified with consistency across many studies, they have not been applied to a commitment model designed specifically to assess child caregiver commitment. To do this would be beneficial since it has been suggested that different employee populations at different job levels view factors comprising commitment differently (Maimon and Ronen, 1978) and commitment models designed for one particular segment of the workforce may not necessarily be appropriate for members in another workforce group (Knowles, 1964).

The present study is unique because it examines the issue of commitment from a global perspective. The model involves the three general antecedents that have been shown to be predictive of commitment in other workforce populations (Scholl, 1981; Morris and Sherman, 1981). The model also is unique in that it includes the important issue of center quality. It is possible that caregiver commitment will vary as a result of the quality of the center in which the worker is employed since it has been suggested that the employee population will have an important impact on commitment (Reichers, 1985). The sample population, child caregivers, often are underpaid and maintain low status. Caregivers employed in centers of lesser quality may be paid less and receive less status than do those who work in centers of better quality. Thus, the quality of the center may influence caregiver commitment.

The hypothesis is: There will be a predictive relationship between commitment (the dependent variable) and the independent variables of personal characteristics, job characteristics, work experience and quality of center.

Methods

Sample. The subjects are 381 full-time child caregivers employed in one of 94 licensed centers located within a five-county region in a midwestern state. Caregivers participating in the study provide care at least 30 hours each week to children between the ages of two weeks and six years.

Instruments. The design of the research involves the use of three frequently used and validated tools.

Job satisfaction. The Job Descriptive Index (JDI) is a widely used instrument designed to operationalize satisfaction with work. Job satisfaction, defined as the feeling a worker has about the job, is an affective response to specific aspects of the job (Smith, Kendall and Hulin, 1969). Specific aspects considered to be sources of satisfaction and measured by the JDI include promotional opportunities, characteristics of the work itself, the nature of supervision, characteristics of coworkers, means of remuneration and satisfaction with the job in general. The six scales are designed to be relatively independent and to have discriminant validity. The JDI scales have been shown to be the most valid measure of satisfaction; corrected reliability estimates for each individual scale exceed .80 (Smith, et al., 1969).

Commitment. The Organizational Commitment Questionnaire (OCQ) is a 15-item instrument designed to evaluate employee commitment to the organization. The items reflect behavioral intentions as well as attitudes while emphasizing the employee's moral involvement with the organization (Porter, et al., 1974). The OCQ is the most widely used of all scales designed to measure organizational commitment (Bateman and Strasser, 1984). Reliability evidence associated with the tool is extensive; Mowday, et al., (1979), have established estimates of coefficient alpha ranging from .82 to .93 with a median of .90.

Job Characteristics. The Job Diagnostic Survey (JDS), developed to assess perceived core job characteristics and work motivation, has been utilized with all levels of workers including professional, white collar, blue collar and lower-level managerial personnel (Hackman and Oldham, 1980). The tool has been the most widely used instrument for determining perceived job characteristics (Fried and Ferris, 1986). The JDS assesses core job characteristics by tapping five general areas associated with the meaningfulness of the work, the feelings of responsibility for work

outcomes and the sense of knowledge of the actual results of the work activities. Although the tool does not exhaust all possible dimensions of any one job, investigators are in general agreement that the core job characteristics measured are central in the job domain (Fried and Ferris, 1986).

Center Quality. A means to assess center quality was developed. The method is based on four indicators which consistently have been shown to relate to center quality. These indicators include the ratio of staff to children, caregiver formal training, group size and amount of annual staff turnover.

The staff:child ratio was determined first. Based on the rules and regulations governing child care in the state, centers were coded as having an appropriate or inappropriate ratio of caregivers to children.

Secondly, the formal training of the caregivers was assessed. Because specialized training such as coursework in child development, rather than general educational attainment, is a more accurate predictor of center quality caregivers were asked to indicate whether or not they had taken college level coursework in early childhood education and/or child development (Clarke-Stewart and Gruber, 1984; Howes, 1983; Ruopp, Travers, Glantz and Coelen, 1979). The caregivers were assigned to one of two groups: those with some specialized training and those without specialized training.

Group size was the third quality indicator. Children in child care who are placed in smaller groups tend to have more positive experiences and outcomes than children in larger groups. Also, smaller numbers of children create less stress on the caregiver. The National Day Care Study (Ruopp, et al., 1979) as well as Clarke-Stewart and Gruber's (1984) study classified groups of twelve and fewer as small. Respondents in the present study were asked to indicate the number of children in the group with which they work. If the group of children included twelve or fewer children, the group was labeled small. Any groups of more than twelve children were labeled large.

The fourth indicator of quality involves staff turnover. Before the surveys were mailed, the director of each center was contacted by telephone and querried regarding the number of staff who had terminated employment at the center during the preceding year. Based on the national turnover rate which indicates that slightly over 40% of all child caregivers

need to be replaced each year and based on the information provided by each center director, the present sample was considered to have average turnover if the center turnover rate was 40% or less. If more than 40% of the caregivers in any one center had been replaced during the preceding year, the center was classified as a high turnover center.

Based on the information regarding group size, ratios of children to adults, caregiver specialized training and staff stability, the centers were categorized as maintaining high, average or low quality. A center was classified as high quality if it and the majority of employed caregivers met all four indices of high quality. Five of the 94 centers met the criteria and were classified as high quality. Centers were classified as average quality if the center and the majority of caregivers employed met two or three of the four indices of quality. Of the 94 centers, 72 were categorized as average quality. Centers classified as low quality employed a majority of staff who met none or only one of the high quality indices. Seventeen of the 94 centers were classified as low quality.

Procedure. The state department of social services provided a list of all licensed centers within a five-county region. The list contained 163 licensed child care facilities. Telephone contact was made with the directors of 147 of the 163 centers. For various reasons, it was not possible to contact the directors of 16 of the 163 centers. Directors were provided an explanation of the study and asked whether or not they employed caregivers who provide direct care to children between the ages of two weeks and six years on a full-time basis (i.e., 30 hours or more each week). Directors then were asked to provide the first name only of each employee meeting the established criteria. Questionnaires were mailed to caregivers working in the 111 centers that met the criteria.

Results

A total of 381 full-time caregivers returned questionnaires. This represents a 60.1% response rate. Further, the 381 caregivers represent 94 of the 111 centers meeting the criteria established for inclusion in the study. Thus, 85% of the centers are represented in the sample.

Responses to the questions for each validated tool were coded as directed by the author of each tool. An overall commitment score was calculated for each caregiver. This measure was obtained by taking the mean score across all 15 items that comprise the Organizational Commitment Questionnaire. Mean scores on each of the 15 individual variables range from 3.929 to 6.318. The overall mean commitment score is 5.29. Second, the Job Descriptive Index was coded and an overall satisfaction score was obtained for each subject. Overall scores on the JDI range from 102 to 264. The mean score is 214.56 and the standard deviation is 25.435. Finally, responses to questions from the Job Diagnostic Survey were coded and a mean score was calculated for each participant. Scores on the JDS range from 8.296 through 343. The mean score is 164.72 and the standard deviation is 72.06.

The study was developed to determine whether or not child caregiver commitment could be predicted by factors that have been shown to predict commitment among workers in other professions. These factors include characteristics of the job, characteristics of the worker, and job satisfaction. The study also assessed the relationship between caregiver commitment and center quality. To test the hypothesis, a multiple regression analysis was performed. Findings from the regression analysis indicate that the proposed model is predictive of caregiver commitment. $F(7, 342) = 44.404$, $p < .0001$. Further, the R-square value is .53, indicating that 53.13% of the variability in the dependent variable (i.e., commitment) can be accounted for by the variables of age, wage, education, tenure in the center, characteristics of the job, job satisfaction and the quality of the center. Next, a t-statistic was calculated for each of the Beta weights for the independent variables in the model. Results indicate that the variables of age, educational level, job characteristics and positive work experiences are significant within the total model (Table 2).

Finally, a hierarchical multiple regression analysis was performed. According to Cohen and Cohen (1975), the major advantage of the hierarchical regression analysis is that once the variable order has been specified, the partitioning of the total variance accounted for in the independent variable can be made. Because of the extensive data supporting a strong relationship between commitment and satisfaction, overall job satisfaction was entered first. Perceptions of job characteristics were

entered next, followed by center quality and the personal characteristics of education, wage, age and tenure. The results, presented in Table 3, support the predetermined priority; that is, overall satisfaction with the job accounts for the majority of variance in the commitment model.

Discussion

The present study investigates typical child caregivers who work in center-based settings and focuses on the antecedents of caregiver commitment. In terms of predicting commitment, four variables have a significant influence. These variables, in the order of importance, include job satisfaction, perception of job characteristics, caregiver age and caregiver educational attainment. Center quality, caregiver wage and caregiver tenure in the position did not have a significant influence on commitment.

The most powerful predictor of child caregiver commitment is the caregiver's satisfaction; as satisfaction increases, there is a concurrent increase in commitment. Satisfaction is a powerful predictor of commitment, accounting for 50% of the variance in the model. Although others have observed that, in comparison to commitment, satisfaction is more transitory in nature and requires less time to develop, it may be necessary to create a center environment that provides child caregivers with specific components conducive to promoting worker satisfaction if caregivers are to maintain employment. This issue is further addressed in the final section of the present paper.

The findings also indicate that the caregivers' perceptions of various job charactaeristics influence their commitment to the job. Work is perceived as meaningful when those involved view the work as important within their own value system. The JDS scale used in the present study taps perceived job characteristics such as autonomy, feedback and significance of the work. Autonomous caregivers who perceive their work as important in the lives of others and who feel responsible for the outcomes of their work are likely to exhibit greater motivation. The motivation influences positive perceptions of the characteristics of the job and this, in turn, influences commitment. Commitment increases as positive perceptions increase.

The combined observations that committed caregivers are more satisfied with specific aspects of their jobs and perceive their jobs as

more meaningful are findings that have theoretical support. Upon completion of a study of commitment in utopian societies, Kanter suggested that, "Positive cognition can support continuance. . ." (Kanter, 1968, p. 500). Caregivers who perceive characteristics of the job in a negative manner and are not satisfied with specific aspects of the job are not likely to develop a desire to maintain organizational membership, a need to work hard for the organization, nor an identification with the goals and values of the organization. The lack of positive cognition toward job characteristics can result in leaving behaviors among this group of workers.

A significant relationship exists between caregiver commitment and age; as age increases, there is concurrent increase in commitment to the organization. The observation that caregiver age and commitment are positively related has important implications for the hiring practices of center directors. These are addressed in the final section.

A significant relationship between education and commitment also emerged, however, data indicate that the relationship is a negative one. Caregivers without specialized training are more committed than those without specialized training.

Finally, in the present model, center quality does not influence commitment. It is possible that center quality does not have a significant influence due to the nature of the work. Regardless of the quality of the center, child caregivers receive low wages and are in low status positions that are high in stress and void of opportunities for promotions (Fergusion and Anglin, 1985, Toigo, 1981). It is also possible that the quality issue is not significant in the model because of the means by which center quality was assessed. The indices of quality, including group size, ratio of caregivers to children, staff stability and caregiver specialized training are factors that may have greater impact on the educational process and the children in care than they do on the people who work in the facilities. As such, these factors may not influence the commitment of caregivers as much as other factors associated with quality.

IMPLICATIONS

Commitment is an affective response to the organization as a whole whereas satisfaction is an affective response to individual aspects of the job. The evidence from the present study suggests that the basis for one's commitment can be predicted, in part, by satisfaction with aspects of the job. The tool used to assess caregiver satisfaction focused on the specific areas of satisfaction with supervision, the work itself, pay, promotions, coworkers, and the job in general. Center directors need to be aware of these powerful influences and work toward providing a satisfying environment. For example, center directors may promote staff satisfaction by providing appropriate and acceptable supervision and by making efforts to hire coworkers who are compatible. Center directors also can promote activities in which coworkers have the opportunities to interact socially and develop professionally. If longterm service in the chid care field is to be promoted, commitment must be fostered by providing positive working environments.

Today, only 25% of the married women are housewives and mothers on a full-time basis (Zigler and Goodman, 1982). Thus, there is a tremendous need for child care. It is our responsibility to see that our children receive continuity in their caregiving arrangements.

TABLE 1
FREQUENCY DISTRIBUTION OF CAREGIVER SEX, SPECIALIZED TRAINING, WAGE AND TENURE

	N	%
SEX		
1. Female	375	98.4%
2. Male	6	1.6%
SPECIALIZED TRAINING		
1. Specialized training in early childhood education or child development	149	39.0%
2. No specialized training in early childhood education or child development	232	61.0%
WAGE		
1. $00.05 - 3.50 per hour	63	17.2%
2. $ 3.51 - 5.00 per hour	186	50.7%
3. $ 5.01 - 7.50 per hour	82	22.3%
4. $ 7.51 or more per hour	36	9.8%
TENURE IN PRESENT POSITION		
1. Less than one year	110	29.3%
2. One to two years	102	27.1%
3. Three to five years	92	24.5%
4. More than five years	72	19.1%

Note. For sex and specialized training, N = 381
For wage, N = 367
For tenure, N =376

TABLE 2

REGRESSION ANALYSIS PREDICTING
COMMITMENT FROM CAREGIVER
PERCEPTIONS, SATISFACTIONS, PERSONAL
CHARACTERISTICS AND CENTER QUALITY

	B	t	P Value
Characteristic			
1. Satisfaction	.63	14.46	<.0001
2. Job Perceptions	.16	3.34	< .001
3. Center Quality	-.02	-.39	Not significant
4. Education	-.09	-2.02	< .05
5. Wage	.03	.55	Not significant
6. Age	.08	1.97	< .05
7. Tenure	-.06	-1.32	Not significant

Note. N = 354, F = 56.04, R^2 = .53, R = .73

TABLE 3

HIERARCHICAL MULTIPLE REGRESSION
OF HYPOTHESIZED PREDICTORS ON
ORGANIZATIONAL COMMITMENT

	Multiple R	T-Statistic	B Weights	% of Variance Explained
Variables Entered				
1. Satisfaction	.71	14.46	.63	50.7****
2. Job Perceptions	.72	3.34	.16	1.1***
3. Center Quality	.72	-.39	-.02	.2
4. Education	.72	-2.02	-.09	.4**
5. Wage	.73	.55	.03	.1
6. Age	.73	1.97	.08	.4*
7. Tenure	.73	-1.32	-.06	.2

Note. N = 350, R = .53
*p < .10
**p < .05
***p < .01
****p < .0001
Not Significant

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